Name in Full

Certificate of Death

Brant

Died at Town: Cumberland County: Allegany MARYLAND

Date 1907 Month: Feb Day: 8 | Age Y.: 0 M.: 1 D.: — | Native of: Cumberland | Occupation: Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of ——

Father's Name: Henry Brant

Mother's Name: Annie Brant

Cause of Death — Primary: Cyanosis

Immediate: Exhaustion

How long sick: 1 month

~~Accident, Suicide, Homicide~~

Reported by: E. J. Duke md.

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John F. Brown

Died at Town: Frostburg County: Allegany MARYLAND

Date 189 1900 Month: 2 Day: 26 | Age Y.: 3 M.: 10 D.: — | Native of: Md | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband ~~Wife~~ of

Father's Name: J. Hanson Brown | Mother's Name: Mollie Brown

Cause of Death — Primary: Poliomyelitis — Immediate:

How long sick: 3 weeks

Accident, Suicide, Homicide

Reported by: Dr W.M. Lane

Address: Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Dewey Emrich

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1900 Month Febry Day 19 | Age Y. 2 M. D. | Native of Maryland | Occupation Nothing

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Sylvester Emrich

Mother's Name Unknown

Cause of Death: Primary Stenosis of oesophagus — How long sick 10 mos

Immediate Shock — Accident, Suicide, Homicide

Reported by J. M. Spear.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mamie Fellers

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date ~~189~~ 1900 Month 2 Day 19 Age Y. 22 M. — D. — Native of W. Va. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of J Fellers

Father's Name

Mother's Name

Cause of Death Primary Lagrippe How long sick 1 wk

Immediate Meningitis ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadnax M.D.

Address 100 Va Ave Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069

Name in Full | Certificate of Death

Infant of W. S. Fuller & Ada Fuller

Died at Town Cumberland County Alleg. MARYLAND

Date 1900 – Month 2 – Day 13 | Age Y. M. D. Stillborn | Native of | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name W. S. Fuller | Mother's Name Ada Porter Fuller

Cause of Death: Primary Weakened condition of mother | How long sick

Immediate Inanition | Accident, Suicide, Homicide

Reported by Stansbury

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mamie Fredrick

Certificate of Death

Died at Town: Lonaconing County: Allegany Co MARYLAND

Date 1900. Month: Dec Day: 16 Age: Y. 46 M. D. Native of: Maryland Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife Joseph Fredrich (but divorced)

Father's Name: Frances Dawson Mother's Name: 157

Cause of Death: Primary dont. know. did not attend before death. How long sick

Immediate Heart failure. a Sudden death. Accident, Suicide or Homicide

Reported by Dr. J. L. Skilling

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Mrs. Laura Hamill.

Certificate of Death

Died at Town: Frostburg County: Allegany MARYLAND

Date 1900 Month: 2 Day: 14 | Age Y. 67 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of
Wife

Father's Name: Aden Clary

Mother's Maiden Name:

Cause of Death: Primary 161 | How long sick

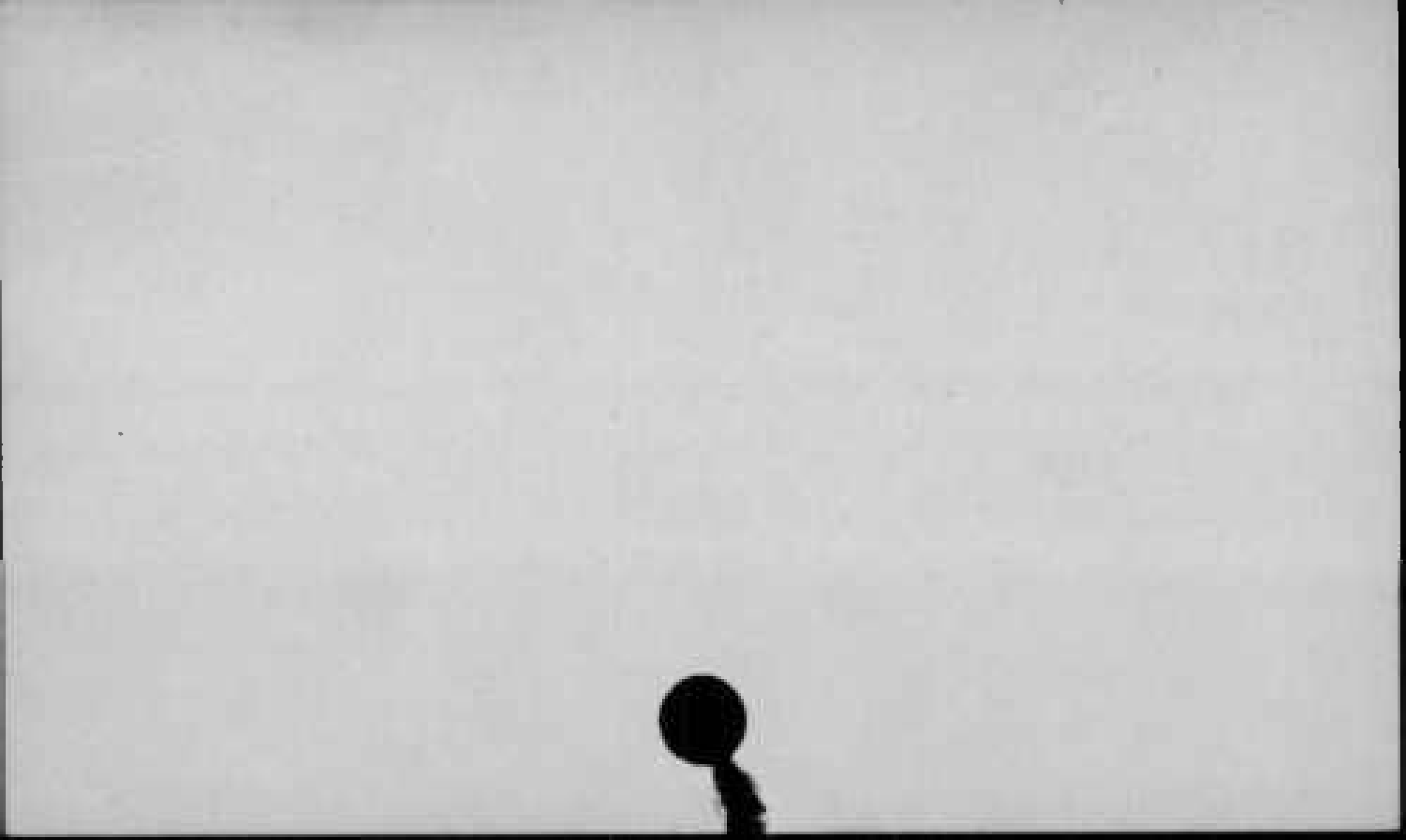
Immediate | Accident, Suicide, Homicide

Reported by: Mining Journal. 2-17, 1900

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79008



Name in Full | Certificate of Death

Jenkens

Died at Town: Mapleside | County: Allegany | MARYLAND

Date ~~189~~ 1900 | Month: 2 | Day: 15 | Age Y. 24. M. – D. – | Native of: W.Va. | Occupation: Housewife

~~Male~~ | White | Married | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 2

~~Husband~~ Wife of Ashby Jenkens

Father's Name | Mother's Name

Cause of Death: Primary Peritonitis | How long sick 2 wks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup MD

Address 100 Va Ave Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65953

Name In Full

Certificate of Death

Mrs. Dorethea Keefer,

Died at Town Sulphur County Springs Hollow MARYLAND

Date 1920 Month 2 Day 7 | Age Y. 68 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cumberland Courier

Address Feb. 10, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full Jeremiah Bonnett

Certificate of Death

Died at Town Hawkings County Allegany MARYLAND

Date 1900 Month 2 Day 5 Age Y. 55 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cumberland courier, Feb. 10, 1900

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name in Full

Mrs. Mary. Moore

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1900 Month: 2 Day: 13 Y. M. D. Age: 5-0 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick Sudden

Immediate | Accident, Suicide, Homicide

Reported by Cumberland Courier

Address

2-24-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70833

Name in Full Mrs. Annie L. Mosser

Certificate of Death

Died at Oakland (Town) Allegany (County) MARYLAND

Date 19 ~ Month 2 Day 12 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

~~Husband~~ Wife of Wallace C. Mosser

Father's Name Mother's Maiden Name

Cause of Death { Primary 72 | How long sick

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Mountain democrat

Address 3-1 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full John William Rhea

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1900 ~~189~~ Month 2 Day 20 Age Y. 0 M. 0 D. 11 Native of Md Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ none

Husband of Wife

Father's Name Chas S Rhea Mother's Name Cora Berenciser

Cause of Death Primary unknown

Immediate Convulsions

How long sick 11 days

~~Accident, Suicide,~~ Homicide

Reported by W J Craigen MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Flora Ross

Certificate of Death

Died at Town Westernport County Allegany MARYLAND

Date 19 on Month 2 Day 23 | Age Y. 18 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name William Ross Mother's Maiden Name

Cause of Death: Primary / Immediate Typhoid Pneumonia — How long sick 1

Accident, Suicide, Homicide

Reported by Cumberland Courier

Address

2-24-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809

Name in Full

Mary Catherine Schilling

Certificate of Death

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 1907 Month Feb Day 9 | Age Y. 66 M. 1 D. — | Native of Cumberland Md | Occupation Wife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living —

Wife of ~~Husband~~

Father's Name John Schilling

Mother's Name

Cause of Death: Primary — Heart disease

Immediate — Heart failure

How long sick 3 weeks in bed

~~Accident, Suicide, Homicide~~

Reported by E. G. Dupe M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William Shrimph

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1900 Month: Feb Day: 9 | Age Y. 23 M. – D. – | Native of: Cumberland | Occupation: Brick layer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of —

Father's Name: John Shrimph

Mother's Name: Mrs Shrimph

Cause of Death: Primary: Pneumonia (Typhoid fever) | How long sick: 3 weeks

Immediate: Meningitis | ~~Accident, Suicide, Homicide~~

Reported by: E. T. Duke M.D.

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Rosa M. Huth

Certificate of Death

Died at: Town: Cumbd — County: Alleg. MARYLAND

Date: 1900 Month: Feb Day: 9 | Age: Y. 62 M. — D. — | Native of: Ireland | Occupation: HW

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of: Chas Huth

Father's Name: — Mother's Name: —

Cause of Death: Primary: Fatty Heart — How long sick: 1/2 hour

Immediate: Syncope — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: C. H. Brace, M D

Address: Cumbd — Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Henry Taylor

Died at Town Cumberland County Allegany MARYLAND

Date 1900 Month 2 Day 21 Age Y. 54 M. — D. — Native of Va Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 11

Husband ~~Wife~~ of Jane Taylor

Father's Name Morgan Taylor Mother's Name Agie Taylor

Cause of Death Primary Miningeal Hemorrhage How long sick 7 days

Immediate Cerebral Paralysis ~~Accident, Suicide, Homicide~~

Reported by Jno. H. Tompkins

Address 13 N. Mechanic St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968